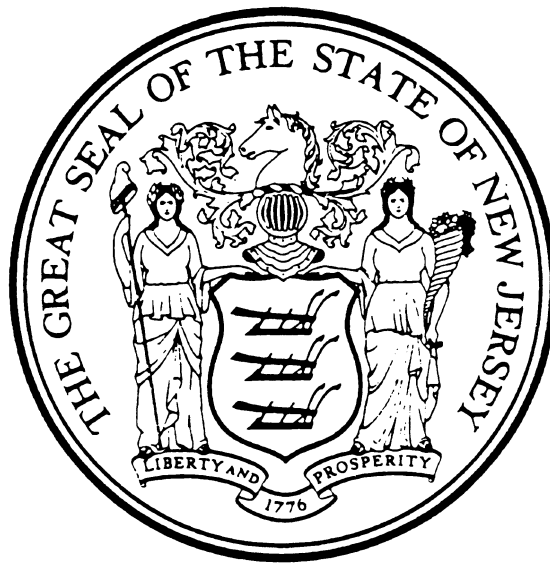


**STATE OF NEW JERSEY**  
**Division of Gaming Enforcement**



**CASINO HOTEL ALCOHOLIC BEVERAGE LICENSEE -**

**SUBMISSION BY A CASINO LICENSEE FOR A  
TEMPORARY TYPE III AUTHORIZATION**

**CASINO HOTEL ALCOHOLIC BEVERAGE LICENSEE-**  
**SUBMISSION BY A CASINO LICENSEE FOR A**  
**TEMPORARY TYPE III AUTHORIZATION**

**This form must be on file with the Division of Gaming Enforcement (Division) 48 hours in advance of the event. Conducting any event without compliance with this timeline will subject the casino key employee and/or the requesting casino licensee to possible sanction(s) by the Division.**

**INSTRUCTIONS**

1. A separate submission form must be filed for each event.
2. This form must be completed by the holder of a valid casino key employee license who is employed by the licensed casino entity.
3. All entries on this form, except signature, must be typed or block-printed in ink. If your submission is not readable, it will not be accepted.
4. You must initial the bottom of page three confirming that you have read and agree to comply with the conditions for approval. This form will be deemed incomplete if not initialed.
5. A copy of this form should be e-mailed to DAG Timothy Ficchi at [Tim.Ficchi@njdge.org](mailto:Tim.Ficchi@njdge.org) and to Bernadette Frigen, Analyst, at [Bernadette.Frigen@njdge.org](mailto:Bernadette.Frigen@njdge.org). In addition, the original form must also be sent by mail that same day to:

Bernadette T. Frigen, Analyst  
Division of Gaming Enforcement  
1300 Atlantic Avenue, 4<sup>th</sup> Floor  
Atlantic City, NJ 08401

6. You will receive an immediate e-mail acknowledgment of the Division's receipt of your submission. Should you not receive any such acknowledgment within three (3) hours, you should contact DAG Ficchi or Ms. Frigen at (609) 317-6218.

**CASINO HOTEL ALCOHOLIC BEVERAGE LICENSEE-**  
**SUBMISSION BY A CASINO LICENSEE FOR A**  
**TEMPORARY TYPE III AUTHORIZATION**

Please indicate whether this request has been filed because you are planning an event to:

1. provide complimentary sealed bottles of alcoholic beverages to invited guests; \_\_\_\_\_  
-OR-
2. sell to employees, at cost or above, sealed bottles of alcoholic beverages. \_\_\_\_\_

CASINO LICENSEE: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**DATE(S) FOR THE EVENT AND LOCATION(S):**

<u>Date</u>	<u>Start Time</u>	<u>End Time</u>	<u>Location</u> <u>(Must be a Type I or II authorized location)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please specify, in detail, the nature of your event, including the basis for invitation (e.g., rated players), the anticipated number of guests, and any other pertinent information regarding the operation of the event (e.g., please advise whether samplings will be offered). If necessary, you may include an addendum page and please note whether you are doing so on this page. Failure to include specific substantive information may result in the rejection of your submission.

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Any addendum page? Yes ☐ No ☐

I hereby CERTIFY that: (1) I am the holder of a valid casino key employee license under the New Jersey Casino Control Act, *N.J.S.A. 5:12-1.1, et seq.*; (2) I have completed this form and it is true and accurate to the best of my knowledge, and (3) I have read and represent that the casino licensee will adhere to the conditions set forth on the attached page, and I acknowledge that any violations thereof will subject the requesting casino licensee to the imposition of possible sanction(s) by the Division.

NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
(Please Print)

SIGNATURE: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

DATE: \_\_\_\_\_

## **CONDITIONS OF APPROVAL**

1. You must conduct the event in accordance with the description and representations made in your request to obtain the temporary Type III authorization.
2. You must immediately notify the Division of any material change to the event.
3. The bottles for the event must be purchased from a New Jersey-licensed alcoholic beverage wholesale distributor and must remain in an authorized and licensed storage facility within the casino hotel facilities until directly transported to the location of the event.
4. If the event is for more than one day, arrangements must be made for the safekeeping and storage of all alcoholic beverages in an authorized and licensed storage area within the casino hotel facility.
5. You must maintain adequate security during the event to ensure the safety of guests and/or employees and to prevent the removal of the alcohol by unauthorized individuals.
6. No person under the age of twenty-one (21), shall be invited or allowed to attend the event and CHAB employees conducting the event must ensure against providing alcoholic beverages to any individual who is under the age of twenty-one (21).
7. Alcoholic beverages provided in compliance with this temporary Type III authorization shall be for consumption off the premises of the event location, with the exception of alcoholic samplings. Any event that includes samplings must be held in compliance with *N.J.S.A. 13:69I-5.3*, which limits the number of ounces of alcohol per sample, in addition to other requirements attendant to tastings.
8. In conducting the event, you must comply with all requirements attendant to Type III CHAB authorization, pursuant to *N.J.S.A. 5:12-103g(3)* and *N.J.A.C. 13:69I-3.3*, and with all alcoholic beverage laws and regulations of the Division of Gaming Enforcement and, as deemed applicable, the New Jersey Division of Alcoholic Beverage Control.
9. You must obtain all necessary approvals from all other governmental authorities prior to conducting the event.

### **ADDITIONAL CONDITIONS FOR SALE OF ALCOHOL TO EMPLOYEES**

1. All alcohol to be sold to employees must come from existing stock of alcoholic beverages.
2. No alcohol purchased by an employee may be consumed on casino hotel premises.
3. You must compile and maintain a listing of products purchased by each employee, which list shall include the alcoholic beverages purchased, the amount paid, and the employee's name and identification number.

**I CONFIRM THAT I HAVE READ AND THE CASINO LICENSEE WILL ADHERE TO THE ABOVE CONDITIONS OF APPROVAL.**

Please initial here: \_\_\_\_\_

**FAILURE TO ABIDE BY THE CONDITIONS SET FORTH  
ABOVE WILL RESULT IN SANCTIONS BY THE DIVISION.**